

CHILD CARE LICENSING UNIT
STATE OFFICE PARK SOUTH
129 PLEASANT STREET, BROWN BUILDING, CONCORD, N.H. 03301-3857
TEL. 603-271-9025 OR 1-800-852-3345, EXT. 9025

STATEMENT OF FINDINGS

ISSUE DATE: 12/06/2017

VISIT TYPE: Renewal

VISIT DATE(S): 11/27/2017

CORRECTIVE ACTION PLAN DUE DATE: 12/27/2017

John Gramuglia, Program Director
Becket Academy - Becket House at Rumney
1765 Route 25
Rumney NH 03266

LICENSE NUMBER: CCRB-06690
LICENSING COORDINATOR(S):
Melanie Smith

In accordance with RSA 170-E, the department finds that the program has violated the following statutes and/or rules:

He-C 4001.15(ai):

ANY CONTAMINATED, EXPIRED OR DISCONTINUED MEDICATION, WHETHER PRESCRIPTION OR OVER THE COUNTER, SHALL BE DESTROYED WITHIN 7 DAYS OF IDENTIFICATION AS CONTAMINATED, EXPIRED OR DISCONTINUED.

THE STATUTE(S) AND/OR RULE(S) WERE NOT MET AS EVIDENCED BY THE FOLLOWING:

The licensing coordinator's observation that the following expired medications had not been destroyed within seven days as required:

- a. a bottle of Equaline skin protectant; expired August 2016;
- b. a bottle of Equate Allergy Relief, expired October 2017;
- c. a tub of CVS chest rub, expired august 2016;
- d. a can of Desenex Antifungal powder, expired October 2013;
- e. a bottle of Solarcaine Sunburn relief, expired April 2015;
- f. a bottle of Waterjel Burnjel, expired April 2013;
- g. a bottle of Major Milk of Magnesia, expired May 2016;
- h. a tube of Actavis Antifungal cream, expired December 2013;
- i. a can of Tinactin Foot Spray, expired August 2015;
- j. a bottle of Bactine, expire January 2017;
- k. a bottle of Geri-Mox Antacids, expired October 2017;
- l. a bottle of Assured Allergy relief, expired August 2017;

RECEIVED
DEC 20 2017

Child Care Licensing Unit

- m. a bottle of Pepto-Bismol, expired August 2017 and;
- n. a bottle of Callergy Clear Lotion, expired July 2017 all located in the staff office.

CORRECTIVE ACTION PLAN

COMPLETION DATE: 12/18/17

All old medications were disposed of appropriately. Our supervisory staff will audit all over the counter medications every Monday to ensure they are within expiration limits.

FOR DEPT USE ONLY: A*: ☒ D*: ☐

He-C 4001.17(a): REPEAT CITATION

PROGRAM STAFF SHALL MAINTAIN THE RESIDENTIAL CHILD CARE ENVIRONMENT FREE OF CONDITIONS HAZARDOUS TO RESIDENTS.

THE STATUTE(S) AND/OR RULE(S) WERE NOT MET AS EVIDENCED BY THE FOLLOWING:

1. The licensing coordinator's observation that a light fixture was broken with exposed wires and screws accessible to the resident in room two.
2. The program was cited for this violation on the statement of findings for the January 8, 2016 licensing visit. A previous corrective action plan approved by the department on August 2, 2016 for this violation states "Maintenance faculty completed repairs on the door sweep as of 01/10/2016. Rumney House faculty will continue to submit work requests to Maintenance to ensure on-time repair of all household concerns. Maintenance faculty completed repairs to the window sill as of 01/10/2016. Rumney House faculty will continue to submit work requests to Maintenance to ensure on-time repair of all household concerns."

CORRECTIVE ACTION PLAN

COMPLETION DATE: 12/15/17

Met with maintenance staff and they will fix this item by 12/15/17

FOR DEPT USE ONLY: A*: ☒ D*: ☐

He-C 4001.17(q)(1)(f):

PROGRAM STAFF SHALL COMPLY WITH THE FOLLOWING FOOD SERVICE REQUIREMENTS:
ALL FOODS THAT WILL BE SERVED TO RESIDENTS SHALL BE STORED IN THE ORIGINAL CONTAINERS OR IN LABELED CONTAINERS DESIGNED FOR FOOD STORAGE.

THE STATUTE(S) AND/OR RULE(S) WERE NOT MET AS EVIDENCED BY THE FOLLOWING:

1. The licensing coordinator's observation that an open bag of flour, coffee, and pancake mix were found in the kitchen cabinet. The bags were not sealed or stored in a labeled container designed for food storage.
2. The licensing coordinator's observations that numerous food items were not stored in their original containers and were not labeled in the kitchen refrigerator.

RECEIVED
DEC 20 2017

CORRECTIVE ACTION PLAN

COMPLETION DATE: 12 / 11 / 17

BHR has acquired sealed containers for food storage. All opened items will be in sealed containers and labeled.

FOR DEPT USE ONLY: A*: ☒ D*: ☐

He-C 4001.17(q)(1)(d):

PROGRAM STAFF SHALL COMPLY WITH THE FOLLOWING FOOD SERVICE REQUIREMENTS: ALL FOODS THAT WILL BE SERVED TO RESIDENTS SHALL BE STORED IN CONTAINERS AT LEAST 6 INCHES ABOVE THE FLOOR.

THE STATUTE(S) AND/OR RULE(S) WERE NOT MET AS EVIDENCED BY THE FOLLOWING:

The licensing coordinator's observation that two boxes of fruit were sitting on the floor in the dining room. A program staff moved the boxes off the floor.

CORRECTIVE ACTION PLAN

COMPLETION DATE: 11 / 28 / 17

The assumption is that the fruit in the boxes on the floor was from a recent delivery. However, we have adjusted our process and all items will be in containers that are higher than 6 inches off the floor.

FOR DEPT USE ONLY: A*: ☒ D*: ☐

He-C 4001.18(d)(2):

PROGRAMS SHALL MAINTAIN BATHROOM FACILITIES IN ACCORDANCE WITH THE FOLLOWING: TOILET PAPER, INDIVIDUAL CLOTH OR PAPER TOWELS AND INDIVIDUAL BAR OR LIQUID SOAP SHALL BE AVAILABLE AND ACCESSIBLE TO RESIDENTS AND STAFF.

THE STATUTE(S) AND/OR RULE(S) WERE NOT MET AS EVIDENCED BY THE FOLLOWING:

The licensing coordinator's observation that the two upstairs hall bathrooms did not contain hand soap and one bathroom did not contain toilet paper.

CORRECTIVE ACTION PLAN

COMPLETION DATE: 11 / 28 / 17

Each day a supervisor is assigned to ensure that each bathroom is fully stocked.

FOR DEPT USE ONLY: A*: ☒ D*: ☐

He-C 4001.14(l):

THE PROGRAM DIRECTOR OR DESIGNEE SHALL CONDUCT FIRE DRILLS ONCE EACH MONTH IN EACH BUILDING THAT IS USED AS RESIDENTIAL CHILD CARE SPACE.

RECEIVED
DEC 20 2017

He-C 4001.14(m):

MONTHLY FIRE DRILLS REQUIRED IN HE-C 4001.14 (I) SHALL BE HELD AT VARYING TIMES, INCLUDING NIGHT TIME HOURS.

THE STATUTE(S) AND/OR RULE(S) WERE NOT MET AS EVIDENCED BY THE FOLLOWING:

A review of the fire drill log revealed that 10 drills were conducted during the past 12 months, with none occurring overnight as required.

CORRECTIVE ACTION PLAN

COMPLETION DATE: 11/28/17

Fire drills have been conducted every month since February 2017 once the new administration was aware of the regulation.
B.H.R. will do one overnight fire drill per year.

FOR DEPT USE ONLY: A*: ☒ D*: ☐

He-C 4001.12(c):

A CHILD HEALTH FORM OR AN EQUIVALENT RECORD OF PHYSICAL EXAMINATION DOCUMENTING THAT A PHYSICAL EXAMINATION WAS COMPLETED WITHIN THE PAST 12 MONTHS SHALL BE ON FILE FOR EACH CHILD, AS SPECIFIED IN HE-C 4001.12(b), WITHIN 30 DAYS OF THE DATE ANY CHILD BEGINS RESIDING ON THE PREMISES OF THE PROGRAM.

THE STATUTE(S) AND/OR RULE(S) WERE NOT MET AS EVIDENCED BY THE FOLLOWING:

The licensing coordinator's review of resident files revealed that three of the four physical examination records were not on file within 30 days of placement as required.

CORRECTIVE ACTION PLAN

COMPLETION DATE: 11/28/17

All new intakes will have an appointment for a physical made within 3 days of arriving at B.H.R. This was in effect subsequent to the State visit.

FOR DEPT USE ONLY: A*: ☒ D*: ☐

By signing below, I agree to maintain future compliance with the statutes and/or rules cited above.

OWNER/APPLICANT SIGNATURE: _____ DATE: 1/1

DIRECTOR/PROVIDER SIGNATURE: John Granger DATE: 12/16/17

FOR DEPARTMENT USE ONLY

☒ * **APPROVED** (EACH ITEM IN THE CORRECTIVE ACTION PLAN HAS BEEN **APPROVED**)

☐ * **DISAPPROVED** (A REVISED CORRECTIVE ACTION PLAN WILL BE REQUIRED FOR THE ITEMS MARKED **DISAPPROVED** IN THE RIGHT HAND COLUMN.)

LICENSING COORDINATOR: [Signature] DATE: 12/28/17

FOLLOW-UP:

r:\program support\licensing\ccl\group_ccl\statements of findings\sof 10 oct - 12 dec 2017\06690_11272017.docx